



Program Name and Version (STP #)
Program Manager Name / JITC AO Name/
ISG Representative Name

SYSTEM DESCRIPTION
(ACAT LEVEL)

Provide a short, high level description of what the system is, the function(s) it performs, the level of operation (e.g., tactical, operational, strategic), whether it is intended for single service or Joint usage, and who are the system’s customers.

ICTO OVERVIEW

ICTO Request: __ Initial __ Extension _

Start Date: **Expiration Date:**

Rationale for Request:

ICTO History:

IOP Certification History:

REQUIREMENTS & TESTING

Requirements derived from: (i.e. ISP, CDD, CPD)

- **Status of the requirements document:**
 - Date submitted to GTG-F
 - Where is the document in the review process:
 - Projected completion date:

Previous Tests and/or Certifications:

SUMMARY

- **Fielding Date:**
- **ISP Completion Date:**
- **JITC Funding Status:**
- **Projected Joint Testing Start Date(s):**
- **Projected Joint Testing Completion Date:**
- **Projected IOP Certification Date:**
- **NR KPP Certification Date:**



System Name *SV-1*

